	RMIT RPRESS	Office Hours: Mon- Fri, 8am to 4pm CST Phone Number: 563.582.7261 Fax Number: 563.582.7264 Email: <u>info@permitexpresswest.com</u>	
Date:	Time: Ci	redit Card#	
Ordered B	y:Phone#:	EXP Date:	_
Company:		Email:	
Address:			-
FEIN#	MC#	US DOT#	_
Hauling:			_
Make:	Mode	el:	_
Serial#			
TRACTO	<b>R:</b>		
	EAR MAKEFULL SERIAL#	LICENSE# STATE REG #AXL WGT	ES
TRAILER	R: EAR MAKE FULL SERIAL#		LES
	and axle weights required for all overweight lo require axle spacing and axle weights for ALL	LENGTH oads AND the states of CT, DE, IN, NY, ND, PA, SC, L loads - legal weight and overweight.	
	L DIMENSIONS	<b>OBJECT DIMENSIONS</b>	
WIDTH:		WIDTH:	
LENGIH:		LENGTH:	
	NG?F:R:	HEIGHT: WEIGHT:	

WEIGHT:	

### \*SPACINGS

1-2	
2-3	
3-4	
4-5	
5-6	
6-7	
7-8	
8-9	

### **\*WEIGHTS**

- 1\_\_\_\_\_
- 2\_\_\_\_\_
- 3
- 4
- 5
- 6\_\_\_\_\_
- 7\_\_\_\_\_
- 8\_\_\_\_\_

### FLATBED \_\_\_\_\_

LOWBOY \_\_\_\_\_

TIRES & SIZES: TRACTOR\_\_\_\_\_\_ TRAILER \_\_\_\_\_\_

## **ORIGIN (CITY, STATE & ADDRESS)**

STATE	ROUTES	START DATE		FAX TO:
	<u>/</u>	<u> </u>	/	
	<u> </u>	/	/	
	/	//	/	
	/	/	/	
	/	//	/	
	/	/	//	

FINAL DESTINATION (CITY, STATE & ADDRESS)

# **\*\* CUSTOMER IS RESPONSIBLE FOR COUNTY AND/OR CITY PERMITS \*\***